

Case Number:	CM13-0072243		
Date Assigned:	01/08/2014	Date of Injury:	10/04/2010
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old male who reported an injury on 10/04/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post traumatic crush injury to the left foot, status post left foot amputation, left foot neuroma, phantom limb pain, posttraumatic stress disorder with anxiety, depression, nightmare, and insomnia, right knee pain, and right knee posterior horn medial meniscal tear. The patient was seen by [REDACTED] on 10/30/2013. The patient reported persistent pain and stiffness. The patient expressed wishes to receive chiropractic treatment, as it has been helpful in the past. Physical examination revealed local tenderness, decreased lumbosacral range of motion, and positive Apley's testing bilaterally. Treatment recommendations included continuation of current medications. It was also recommended that the patient see [REDACTED] for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Chiropractic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. As per the documentation submitted, the patient has previously attended chiropractic treatment. However, there is no documentation of objective functional improvement following the initial course of chiropractic therapy. Additionally, the current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.